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Application Number Filing Date POWER OF ATTORNEY First Named Inventor Clifton D. Crutchfield and Title Respirator Fit-Testing Apparatus... CORRESPONDENCE ADDRESS Art Unit INDICATION FORM Examiner Name Attorney Docket Number 121934.00002 I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: 34282 ✔ Practitioners associated with the Customer Number: Practitioner(s) named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. lease recognize or change the correspondence address for the above-identified application to: V The address associated with the above-mentioned Customer Number: The address associated with Customer Number: Firm or Quaries & Brady Streich Lang, LLP Individual Name One South Church Avenue, Suite 1700 State AZ Zip 85701 City Tucson Country USA Telephone 520-770-8700 Email Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Cifton Couteful Cifton Q. Crutchfield Date 10/12/06 Signature

Title and Company NOTE; Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

\*Total of 1 forms are submitted.

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